Letters to the Editor

Condom Use in Female Sex Workers in Italy

Recently, Albert et al.¹ reported the results of an interesting study that evaluated condom use with clients and with nonpaying partners by 40 female sex workers of Nevada's legal brothels. The authors concluded that female sex workers may be at greater potential risk for acquiring HIV and other sexually transmitted diseases through sexual intercourse with nonpaying partners than with clients.

From October 1988 through December 1992, we collected data on condom use and sexual habits of 102 female sex workers (93 professional and 9 intravenous (IV) drug users) in 9 Italian cities (Rome, Florence, Genoa, Udine, Pordenone, Bologna, Reggio Emilia, Ravenna, and Lecco). Sex workers were contacted directly on the street. The median age of the female sex workers was 38 years (range: 21-55 years). They reported a median number of clients of 100 per month (range: 4-600 clients); the median number of nonpaying partners was 2 per month (range: 1-16 partners). Vaginal intercourse was most common (98% with clients and 97% with nonpaying partners); anal intercourse was infrequent (15%) with clients but more frequent (31%) with nonpaying partners. Similarly, oral intercourse was more frequent with nonpaying partners (92%) than with clients (75%).

Of 102 female sex workers, 97 (95%) reported always using a condom with their clients, whereas only 6 female sex workers (6%) used condoms regularly with their non-paying partners, and 64 (63%) never used them with nonpaying partners. The 5 female sex workers who reported irregular use of condoms with clients were IV drug users. Fourteen female sex workers reported having nonpaying partners who were IV drug

users, and 6 female sex workers reported having nonpaying bisexual partners; of these 20 nonpaying partners, 8 were HIV seropositive (3 of the latter were partners of sex workers who were not IV drug users).

Of the 102 female sex workers, 75 (74%) reported being tested for HIV infection; 4 (5%) of these 75 workers, all 4 of whom were IV drug users, were found to be HIV seropositive.

Our results confirm that female sex workers, especially Italian professional sex workers, may not be at an increased risk for HIV infection in their commercial sexual activity. In fact, their self-reported sexual practices with clients are relatively safe. However, they do not regularly use condoms and report anal intercourse more frequently with nonpaying partners. Because nonpaying partners may be at high risk for HIV infection, and because this group includes HIVinfected individuals, it is predicted that Italian professional female sex workers may be at higher risk for HIV infection through noncommercial sexual intercourse.

> Michele Spina, MD Umberto Tirelli, MD

Correspondence and requests for reprints should be sent to Umberto Tirelli, MD, Director, Division of Medical Oncology and AIDS, Centro di Riferimento Oncologico, Via Pedemontana Occ 12, 33081 Aviano (PN), Italy (e-mail: oma@ets.it).

Reference

 Albert AE, Warner DL, Hatcher RA. Facilitating condom use with clients during commercial sex in Nevada's legal brothels. Am J Public Health. 1998;88:643-646.

The Protective Effect of Condoms and Nonoxynol-9 Against HIV Infection: A Response to Wittkowski and Colleagues

Wittkowski and colleagues assessed the relative effectiveness of male latex condoms and nonoxynol-9 vaginal suppositories in preventing HIV infection.¹ Their reanalysis of our cohort study of condom and nonoxynol-9 use by Cameroonian sex workers^{2,3} found that the per-contact efficacy of nonoxynol-9 vaginal suppositories was 100% (95% confidence interval = 43%, 100%). We believe the putative superiority of nonoxynol-9 over condoms reflects a lower exposure to HIV among women who consistently used suppositories, rather than the efficacy of nonoxynol-9.⁴

Wittkowski et al. state that they reanalyzed data that "are probably the best available for testing the efficacy of spermicides used without condoms—in preventing HIV

Letters to the Editor will be reviewed and are published as space permits. By submitting a Letter to the Editor, the author gives permission for its publication in the Journal. Letters should not duplicate material being published or submitted elsewhere. Those referring to a recent Journal article should be received within 3 months of the article's appearance. The Editors reserve the right to edit and abridge and to publish responses. Submit 3 copies. Both text and references must be typed double-spaced. Text is limited to 400 words and fewer than 10 references.

Reprints can be ordered through the author whose address is listed at the end of the letter.

The authors are with the Division of Medical Oncology and AIDS, Aviano Cancer Center, Aviano, Italy.